ACADEMIC/CLINICAL EVALUATION REPORT									DATE		
AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.  PRINCIPAL PURPOSE: To evaluate the performance of providers while in an academic setting.  ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It also may be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.  DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation of progress in the academic program or limitation of clinical privileges.											
LAST NAME-FIRST NAME-MIDDLE INITIAL GRADE											
MEDIC	CAL FACILITY	С	LINICAL S	ERVICE ROTATION	SERVICE AS			RESIDENT   FELLOW			
ATTE	NDING STAFF PHYSICIAN/RATER				PERIOD OF SERVICE COVERED BY REF			PORT TO			
INSTRUCTIONS: In evaluating the ratee's performance select only one box per section. Use as your standard the level of knowledge, skills, and attitude expected from the clearly satisfactory level at the appropriate stage of training. Specific comments, recommendations for improvement, and future expectations are required for any component that the rater identifies requiring further attention or scored as a 4 or less. In the comments block under each section, provide specific examples, including reports of critical incidents and/or outstanding performance. Global adjectives or remarks such as, "good resident," do not provide meaningful feedback to the ratee.											
I. MEDICAL KNOWLEDGE	SECTION A - GENERAL  LIMITED KNOWLEDGE OF BASIC AND CLINICAL	CTORY	SATISFACTORY	— — — — — — — — — — — — — — — — — — —							
	CIENTED RINDLEDGE OF BASIC AND CLINICAL SCIENCES; MINIMAL INTEREST IN LEARNING; DOES NOT UNDERSTAND COMPLEX RELATIONS, MECHANISMS OF DISEASE	UNSATISFAI □1 □2	3 PEF	□4 □5 □6  RFORMANCE REQUIRES	GATTENTION CLINICAL DEVELOR COMPRE			DNAL KNOWLEDGE OF BASIC AND . SCIENCES; HIGHLY RESOURCEFUL MENT OF KNOWLEDGE; HENSIVE UNDERSTANDING OF COMPLEX NORTH OF THE SECOND OF T			
	(When checked specifics are required in comments block) RELATIONSHIPS, MECHANISMS OF DISEASE  (Comments)										
	SECTION B-PATIENT ASSESSMENT	ISUFFICIENT CONTACT TO EVALUATE									
ì	INCOMPLETE, INACCURATE MEDICAL INTERVIEWS, PHYSICAL EXAMINATIONS, AND REVIEW OF OTHER DATA; FAILS TO CONSIDER PATIENT PREFERENCES WHEN MAKING	UNSATISFAC ☐1 ☐2	□3	SATISFACTORY  □4 □5 □6  REFORMANCE REQUIRES	7 🗍 9 INTERVIEN			ACCURATE, COMPREHENSIVE, MEDICAL WS, PHYSICAL EXAMINATIONS, AND IF OTHER DATA; APPROPRIATE RATION OF PATIENT PREFERENCES			
ļ	MEDICAL DECISIONS			cked specifics are required in		CONSIDERATION OF PATIENT PREFERENCES					
	(Comments)										
Į	SECTION C - DIAGNOSTIC ACUMEN	SNOSTIC ACUMEN							INSUFFICIENT CONTACT TO EVALUATE		
CARE	FAILS TO ANALYZE AVAILABLE CLINICAL DATA; USES POOR JUDGMENT IN SELECTION OF DIAGNOSTIC PROCEDURES	UNSATISFAC	□3 □ PEF	SATISFACTORY  4 5 6  RFORMANCE REQUIRES  cked specifics are required in	☐7 ☐8 ☐9 DIAGNOSI SELECTIO			INTLY MAKES APPROPRIATE S; USES SOUND JUDGMENT IN THE N OF DIAGNOSTIC PROCEDURES			
	Comments     SECTION D - PLANNING, IMPLEMENTING AND EVALUATING THERAPY   INSUFFICIENT CONTACT TO EVALUATE										
PATIENT CARE	EVALUATION AND PROVIDES LITTLE INPUT INTO APPROPRIATE THERAPY; POOR KNOWLEDGE AND ABILITY IN PROCEDURAL TECHNIQUES	□1 □2	☐ PEF	☐4 ☐5 ☐6  RFORMANCE REQUIRES  cked specifics are required in	S ATTENTION IMPLEMENT			ANDING OF APPROPRIATE THERAPY; ITS CORRECT THERAPEUTICS IES WITH MINIMAL TO NO SUPERVISION			
Š	(Comments)										
}	SECTION E - TECHNICAL SKILLS  LACKS APPROPRIATE PSYCHOMOTOR SKILLS	SATISFACTORY SUPERIOR				TECHNICAL SKI					
	TO ACCOMPLISH SIMPLE TASKS	UNSATISFAC	□3 □ PEF	□4 □5 □6 RFORMANCE REQUIRES	□7 □8 □9 OF MOTIO			NT TECHNICAL SKILLS WITH ECONOMY N; APPROPRIATE SELECTION OF ENTS AND TECHNIQUES			
	(When checked specifics are required in comments block)  (Comments)										
=	SECTION F - ESTABLISHING EFFECTIVE P	PHYSICIAN-P/	ATIENT RE	EI ATIONSHIP		Пім	ISHEEICIEN	IT CONTACT T	O EVALUATE		
F	UNABLE TO ESTABLISH EVEN MINIMAL	UNSATISFAC		SATISFACTORY	SUPERIOR    7   8   9   FAMILIES;   EXERTS A   EXCELLEN In comments block)    SATTENTION     EXCELLEN   LISTENING,			NAL RAPPORT WITH PATIENTS AND INSTILLS CONFIDENCE IN PATIENTS; POSITIVE INFLUENCE; DEMONSTRATES IT RELATIONSHIP BUILDING THROUGH I, NARRATIVE, AND NON-VERBAL			
INTERPERSONAL & COMMUNICATION SKILLS	RAPPORT WITH PATIENTS; TACTLESS AND INFLAMMATORY INTERCHANGES; FAILS TO DEMONSTRATE LISTENING AND NON-VERBAL SKILLS	□1 □2	□ PER	☐4 ☐5 ☐6  RFORMANCE REQUIRES cked specifics are required in							
	(Comments)										
OMM	SECTION G-PROFESSIONAL INTERACTION	NSUFFICIENT CONTACT TO EVALUATE									
ERSONAL & CC	INTEGRATES POORLY WITH PROFESSIONAL INTERACTI INTEGRATES POORLY WITH PROFESSIONAL STAFF; NOT VIEWED AS A TEAM PLAYER; OFTEN THE SOURCE OF COMPLAINTS FROM OTHERS; LACKS RESPECT, INTEGRITY, AND HONESTY	UNSATISFAC	CTORY	SATISFACTORY  □4 □5 □6	SUPERIOR ESTABLISH			HES EXCELLENT WORKING RAPPORT PITAL STAFF; A REAL TEAM PLAYER;			
		☐ PERFORMANCE REQUIRES ATTENTION (When checked specifics are required in comments block)						EXCELLENT INTERPERSONAL SKILLS; DEMONSTRATES RESPECT, INTEGRITY, AND HONESTY			
INTERF	(Comments)										

	SECTION H - ATTITUDE AND APPEARAN		SUFFICIENT CONTACT TO EVALUATE									
	IMMATURE BEHAVIOR, OFTEN INAPPROPRIATE;	UNSATISFACTORY SATISFACTORY SUPERIOR				MATURITY, BEHAVIOR, ATTITUDE, AND						
	POORLY GROOMED; UNPROFESSIONAL IN ACTIONS AND APPEARANCE; POOR ATTITUDE	□1 □2 □3 □4 □5 □6 □7 □8 □9 □ PERFORMANCE REQUIRES ATTENTION				GROOMING ARE CONSISTENT WITH THE HIGHEST IDEALS OF THE PROFESSION						
	, 11		cked specifics are required in comn									
	(Comments)											
ISI												
ROFESSIONALISM												
SSIO	SECTION I – LEADERSHIP AND RESPONS		SUFFICIENT CONTACT TO EVALUATE									
OFE.	TOTALLY PASSIVE; NO INITIATIVE; REFUSES TO ACCEPT RESPONSIBILITY	UNSATISFACTORY  □1 □2 □3	SATISFACTORY □4 □5 □6	SUPERIOR □7 □8 □9		AGGRESSIVELY ASSUMES MEDICAL RESPONSIBILITIES; DEVOTES TIME AND ENERGY						
Ŗ.			RFORMANCE REQUIRES ATT			SELFLESSLY TO ALL DUTIES; IS RESPECTED BY PEERS						
	(Comments)	(When the	ckea specifics are required in comin	nents block)	1							
≥.												
	SECTION J-FULFILLING ADMINISTRATIV	☐ INS	SUFFICIENT CONTACT TO EVALUATE									
	SHOWS LITTLE INTEREST OR UNDERSTANDING	UNSATISFACTORY	SATISFACTORY	SUPERIOR		COMPREHENSIVE AND IN-DEPTH						
	OF HOSPITAL OR DEPARTMENTAL POLICIES AND INSTRUCTION; RESISTS EFFORTS TO	□1 □2 □3	□4 □5 □6	□7 □8 □9		UNDERSTANDING OF POLICIES AND INSTRUCTIONS; EFFECTIVELY USES THEM TO						
	IMPROVE SYSTEMS OF CARE; FAILS TO USE SYSTEMATIC APPROACHES TO REDUCE ERROR		RFORMANCE REQUIRES ATT cked specifics are required in comn		ENHANCE PRACTICE CAPABILITIES AND ECONOMY OF SYSTEM; USES SYSTEMATIC APPROACHES TO REDUCE ERRORS AND IMPROVE PATIENT CARE							
	AND IMPROVE PATIENT CARE	•										
핃	(Comments)											
ACT												
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ASE	SECTION K-KEEPING MEDICAL RECORD	os				SUFFICIENT CONTACT TO EVALUATE						
SYSTEM BASED PRACTICE	INFREQUENT AND/OR INACURATE NOTES OF PATIENT PROGRESS	UNSATISFACTORY  □1 □2 □3	SATISFACTORY	SUPERIOR □7 □8 □9		ROUTINELY ANNOTATES CLEAR, COMPREHENSIVE PROGRESS NOTES;						
YSTI			☐4 ☐5 ☐6 RFORMANCE REQUIRES ATT			INTELLIGENTLY DOCUMENTS ALL ASPECTS OF PATIENT CARE						
Ś			cked specifics are required in comn			PATIENT CARE						
	(Comments)											
>												
	SECTION L-PARTICIPATES IN CONTINUI			T		SUFFICIENT CONTACT TO EVALUATE						
	POOR ATTENDANCE/POOR PARTICIPATION IN CONFERENCES AND ROUNDS; SHOWS LITTLE EVIDENCE OF OUTSIDE READING AND RESEARCH	UNSATISFACTORY □1 □2 □3	SATISFACTORY □4 □5 □6	SUPERIOR □7 □8 □9	1	OUTSTANDING ATTENDANCE AND PARTICIPATION IN ACADEMIC CONFERENCES						
		PERFORMANCE REQUIRES ATTENTION				AND ROUNDS; SHOWS EVIDENCE OF AGGRESSIVE READING; OFTEN ACCURATELY						
			cked specifics are required in comn		REFERS TO THE LITERATURE; SHOWS INTEREST AND PARTICIPATES IN ONGOING RESEARCH							
	(Comments)											
	SECTION M - SELF-EVALUATION AND US		0.47105.4.07.0737	QUEENION		INSUFFICIENT CONTACT TO EVALUATE						
	LACKS INSIGHT INTO PERSONAL INADEQUACIES; FAILS TO SEEK ADVICE OR ASSISTANCE WHEN NEEDED	UNSATISFACTORY         SATISFACTORY         SUPERIOR           □1         □2         □3         □4         □5         □6         □7         □8         □9			LIMITATIONS; CONSISTENT	OUTSTANDING INSIGHT INTO PERSONAL LIMITATIONS; CONSISTENTLY SEEKS ADVICE OF						
			RFORMANCE REQUIRES ATT		CONSULTANTS AS APPROPRIATE; SOUND JUDGMENT INTO PERSONAL INITIATIVES							
S N	(Wither Checked specifics are required in Confinents block) (Comments)											
LEAR												
ED 1												
BASEDI	SECTION N-TEACHING					SUFFICIENT CONTACT TO EVALUATE						
PRACTICE	UNABLE TO EFFECTIVELY TEACH OTHERS	UNSATISFACTORY □1 □2 □3	SATISFACTORY □4 □5 □6	SUPERIOR □7 □8 □9		RECOGNIZED AS AN EXCELLENT TEACHER BY SUPERVISORS AND STUDENTS; CLEARLY,						
₹						CONCISELY, AND PATIENTLY TEACHES TECHNICAL SKILLS: SERVES AS A ROLE MODEL						
Ξ.			RFORMANCE REQUIRES ATT cked specifics are required in comn		TECHNICAL SKILLS; SERVES AS A ROLE MODEL							
	(Comments)											
5												
SECT	TION O-RATER'S OVERALL EVALUATION	LINGATIONACTORY	SATISFACTORY	CURERIOR								
		UNSATISFACTORY ☐1 ☐2 ☐3	□4 □5 □6	SUPERIOR □7 □8 □9								
(Comm	vents)											
SIGNATURE OF TRAINEE DATE												
SIGNA	ATURE OF ATTENDING STAFF PHYSICIAN (Include		DATE									
SIGNA	ATURE OF PROGRAM DIRECTOR (Include typed, prin	nted, or stamped signature blo	ck)			DATE						

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